DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES				
	DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY			
	INSPECTION REPORT			
BEA	REASON GRADE Inspection Date: ESTABLISHMENT NAME:			
Regular	3/21/17 MILESTONES PLAY & LEM	EN CEN	TER	
Follow-Up	Time In/Out: OWNER/OPERATOR:			
Complaint	POSMED PON PER 7			
Investigati		shment Type:		
Other:	A Sanitary Permit No.: HAGATNA CCC	2 NURSE	PY	
		Temporary .	Expired	
	dren: 37 Male 26 Female 63 Total Child Care License: No.: 160110 / Valid			
The following items identify violations found this day in the operations and facilities which must be corrected by the next				
inspection	or sooner as the Department indicates. Non-compliance may result in downgrading or p	permit susper	ision. To appeal	
ITEM*	a written request for hearing must be submitted before the indicated correction		TOODDEOT DV	
11 -141		DEMENI	CORRECT BY	
	A REGULAR INSPECTION WAS CONDUCTED.			
	PREVIOUS INSPECTION ON 12/30/16- (0,A)			
	THE FOLLOWING WAS COSSERVED:		-	
	THE FOLLOWING WAS OBSERVED:		-	
2	NO HOT WHTER PROVIDED FOR GIPL'S PESTROOM.	6	3/31/17	
	HOT WATER SHALL BE PROVIDED TO ENGUPE			
	PROPER HANDWASHING HYGIENE.			
	Trans or colon on the land			
	"A" PLACAPD 02354 SOVED.			
	PIC BRIEFED ON ABOVE.			
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		-		
		-	 	
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	re read and understand the above violation(s) and I am aware of the corrective n	neasures to	be taken.	
*Note:	When any of the following items are Received By (Name & Title):	7		
cited a	above, they shall be corrected within Jamie Tertage Director	Mers	4/2/	
	10 days of this inspection: DEH Inspector (Name & Title);	7	70'	

Rev: 08/2/05 DEH-06

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

White Copy - DEH

Yellow Copy - Establishment

J. CAUZ EPHO!

J. GARCUA